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Covid-19 Coronavirus Vaccine Could Kill 8-16 Times More Senior Americans Compared to No Vaccine at All

By Bill Sardi

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According to a Washington Post report, this 2020 flu season more than 173 million Americans have undergone vaccination against the flu. What would it be like if all 325 million Americans underwent vaccination against the newly mutated COVID-19 coronavirus, now being developed by a number of biotech companies?

Something good is coming out of this epidemic

The good thing that is coming out of a well-publicized infectious disease epidemic for which there is no vaccine, is the public can finally see what happens when no vaccine is available. This analysis reveals most healthy people (non-smokers, non-diabetic, non-obese) have an onboard immune system that produces antibodies naturally without problematic provocation from pathogenic bacteria and viruses housed in a syringe and infused via needle injection.

Frightening error

An egregious and flagrant error in the news media that is frightening the public is to state the death rate from COVID-19 coronavirus is 2.3% to 3.4%. The public thinks this is 2-4 people out of 100.

In reality, the number infected as of March 9, 2020 in China is 80,739 infected individuals out of a population of 58 million in Hubei Province (Wuhan is epicenter),

for an infection rate of 0.0014 or less than 1% (just over 1/10th of one percent).

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Then among these infected cases, the number of deaths is 3120 (as of March 9, 2020) which is 5 in 100,000. Due to the fact Americans have chlorinated water, food fortification and availability of dietary supplements that boost immunity, the same death rate as reported in China is not anticipated in the U.S.

Universal vaccination of both healthy and younger American adults would be a blatantly untargeted way to save lives. The greatest number of deaths due to the flu or any strain of coronavirus occurs among senior adults. If it were possible to eliminate deaths due to infectious diseases such as the flu and coronavirus among senior Americans, it would be almost needless to vaccinate in order to save lives, though there may be some rationale to vaccinate in order to reduce morbidity and hospitalization.

Imagine this

Utilizing data gleaned from current reports involving the COVID-19 coronavirus and prior flu vaccine studies, the safety and effectiveness of any future COVID-19 flu vaccine can be predicted.

The following is a worse-case scenario.

In a more targeted fashion, let's vaccinate every senior American age 60 and above against coronavirus.

Let's estimate a new coronavirus vaccine would be 100% effective. (Current flu vaccines are only ~50% effective.)

To predict the percent of vaccinated individuals who might develop serious side effects, let's use a study of senior adults in the U.S. (a well-fed population) that received standard and high-dose inactivated trivalent (three strains) flu vaccine for comparison, where severe side effects resulting in hospitalization were reported for 0.6% to 1.3% of vaccinated subjects.

Let's presume everyone will be infected with the coronavirus and be a candidate for the vaccine (that is not true, and if your immune system is up to par, if infected you may only experience a mild fever or no symptoms whatsoever, then develop natural antibodies, as millions of Americans are now doing).

In China it is reported that 80% of individuals who were infected exhibited no symptoms. So, Americans are developing antibodies on their own without the aid of a vaccine. Notice what happened on an ocean liner – 400 were infected and 3 succumbed to the disease and 397 produced their own antibodies without need for a vaccine and recovered. The number needed to vaccinate to save 1 life would be 133 in that group. In Hubei Province, China, 19,333 would need to be vaccinated to spare 1 life (58 million/3000 deaths). Massive overvaccination is revealed. Targeted vaccination or immune boosting among the highest risk group, senior adults, would be more efficacious and less problematic (avoid serious side effects of vaccination which includes hospitalization and subsequent death).

PREDICTED DEATHS WITH & WITHOUT VACCINATION AMONG ELDERLY IN CHINA WITH COVID-19 CORONAVIRUS INFECTION – WITH DATA APPLIED TO U.S. SENIOR ADULT POPULATION (Based Upon Serious Side Effect & Death Rates From Flu Vaccine Data; No COVID-19 Vaccine Available)

AGE GROUP	U.S. POPULATION in age group*	Predicted # Infected In U.S. with COVID-19 Worst Scenario Infection Rate of 0.0014 based on Hubei Province Data 80,739 infected out of 58 million population March 9, 2020	% MORTALITY RATE** from COVID-19 coronavirus infection (China Data)	PREDICTED DEATHS w/o vaccine in U.S.	IF 6/10ths of 1% – 1.3% SERIOUS SIDE EFFECTS FROM VACCINATION*** (Requiring Hospitalization) Based On Flu-vaccination data If Entire U.S Senior Adult Population Vaccinated	1.4% Death Rate among hospitalized/ vaccinated patients **** Derived from coronavirus hospitalization data/ China
60-69	37.4 million	52,360	3.6%	1,885	224,400- 486,200	36,160-68,068
70-79	22.6 million	31,640	8.0%	2,531	135,600- 293,800	18,989-41,552

80+	12.6 million	17,640	14.8%	2,610	75,600- 163,800	1,058-2,296
TOTAL	72.6 million	101,640		7,026	435,600- 943,800	54,202-111,493

***Population data 2018 Statista**
****Daily Mail UK, March 6, 2020 (James Lawler, Univ. Nebraska)**
*****Open Forum Infectious Diseases Jan. 12, 2017 (flu vaccination data)**
******New England Journal Medicine, March 7, 2020 (15 of 1099 hospitalized for flu patients died/China)**

The chart above shows that among 72.6 million senior Americans age 60+, using incidence data from China, 101,640 would be infected (infection rate 0.0014%) as confirmed by throat swabs and/or blood tests; and 7,026 would succumb to the COVID-19 coronavirus or other onboard virus or bacterium, without vaccination, with the presumption the disease begins to spread in communities in the U.S. (which it hasn't so far), and if mortality rate data from Hubei Province (Wuhan is epicenter) were utilized (worst case scenario).

The case fatality rate in Hubei Province, China is 2.9% compared to just 0.4% outside of Hubei.

If the entire senior adult population in the U.S. were vaccinated against the COVID-19 coronavirus, utilizing a 6/10ths of one-percent t0 1.3% serious side effect rate (a side effect rate reported in a recent flu vaccine study), an estimated 435,600 to 943,800 would be hospitalized due to side effects. According to the American Hospital Association the U.S. has ~924,107 staffed hospital beds.

Rate of death

Once hospitalized, if patients with severe infection experienced the same hospital death rate of 1.4% (derived from a study of hospitalized coronavirus patients in China), which includes non-vaccine related deaths due to medication errors, antibiotic resistance, etc., with the presumption vaccination among high-risk older age individuals would not be effective (develop sufficient antibodies), then startlingly 54,202 to 111,493 senior Americans would predictably succumb to side effects as a result of vaccination, compared to 7,026 predicted deaths if the entire senior population remained unvaccinated. Note: these same figures apply to flu vaccines in current use.

In this model, vaccination would increase the mortality rate by 8-16 times compared to no vaccination.

Given that vaccines ARE just attenuated versions of the very coronavirus itself, in a scenario of mass vaccination, it would be difficult to distinguish which infections and deaths were caused by the virus at large in the community from the virus in the vaccine. Health authorities and vaccine makers would likely cloak the number of individuals who develop sufficient antibodies on their own without vaccination. By categorically lumping vaccine-derived infection and death and cases of naturally acquired infection and subsequent death with seasonal cases of pneumonia, which is the present practice, a false rationale to maintain a mandated public vaccination program would be maintained. And no one would be the wiser.

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